



Eliminating Congenital Syphilis in Los Angeles County: A Roadmap

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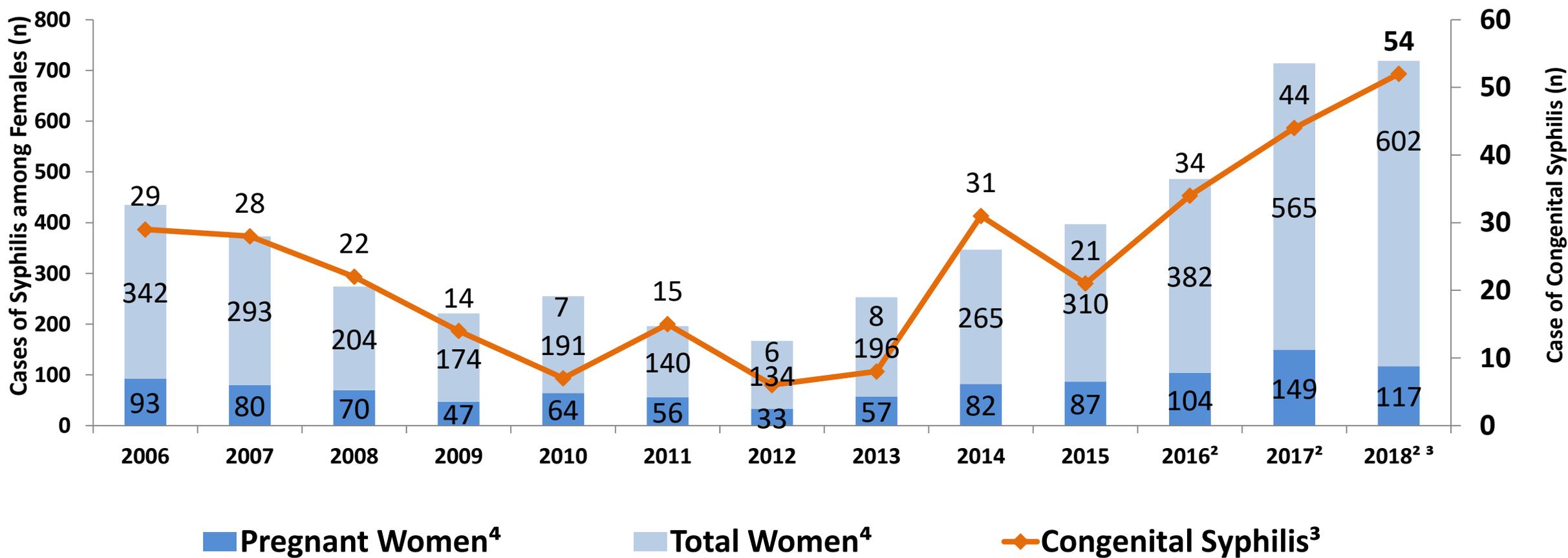
July 9, 2019

NACCHO Annual Meeting- Orlando, FL





Number of Female Syphilis Cases and Congenital Syphilis Cases, Los Angeles County, 2006-2018¹



¹ Data are from STD Casewatch as of 07/17/2018 and excludes cases from Long Beach and Pasadena

² 2016-2018 data are provisional due to reporting delay. 2018 projections are based on provisional data. As of 7/31/18, 26 congenital syphilis cases have been reported.

³ Congenital Syphilis includes syphilitic stillbirths

⁴ Syphilis among females of childbearing age (ages 15-44) including all cases staged as primary, secondary, early latent and late latent

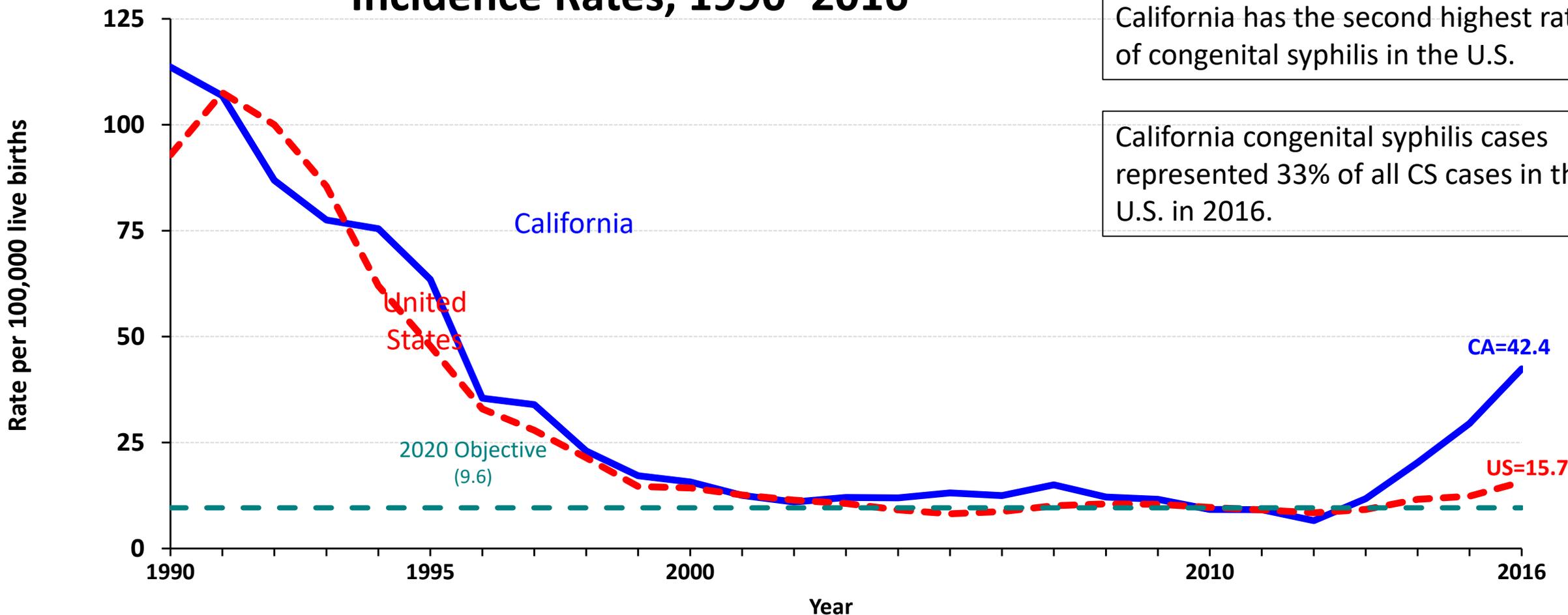
Source: Division of HIV and STD Programs



Congenital Syphilis, California versus United States Incidence Rates, 1990–2016

California has the second highest rate of congenital syphilis in the U.S.

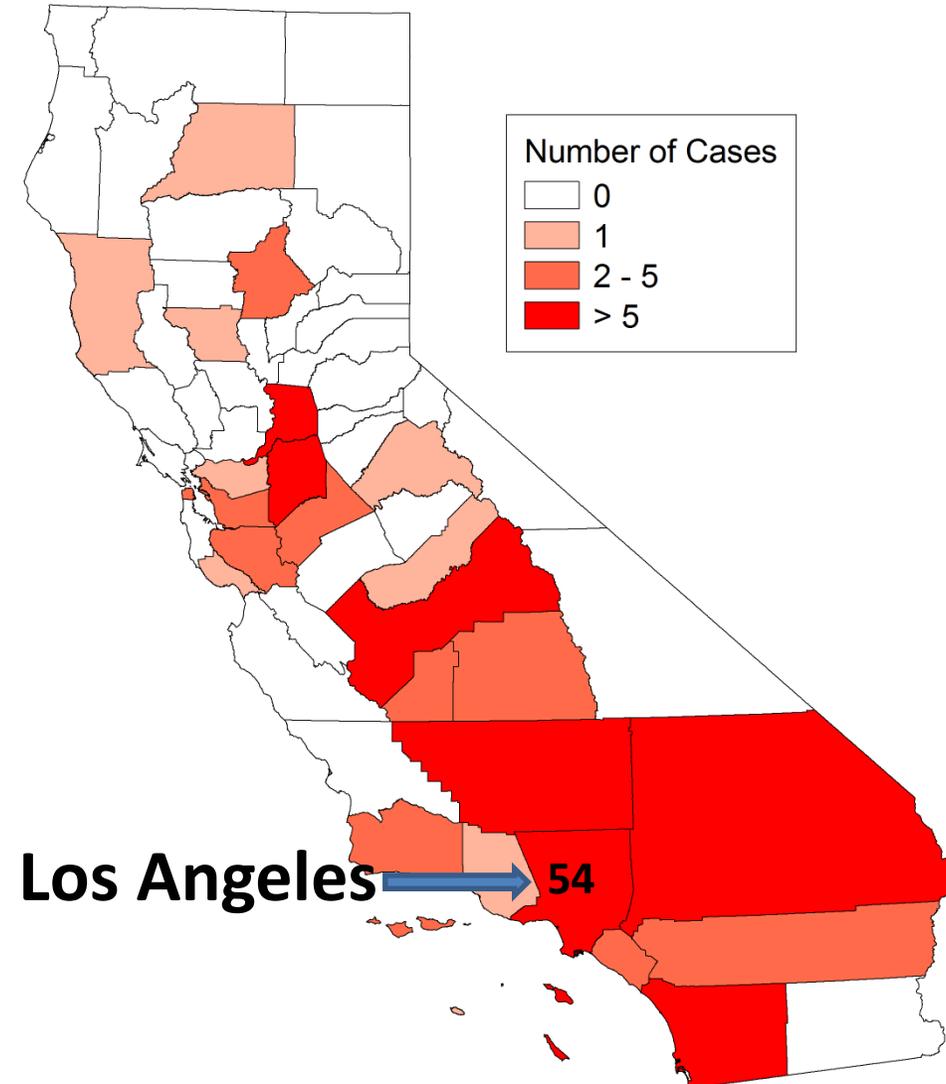
California congenital syphilis cases represented 33% of all CS cases in the U.S. in 2016.



Note: The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. California data prior to 1985 include all cases of congenital syphilis, regardless of age.

Congenital Syphilis

Number of Cases – LAC 2018





Key Findings of Case Reviews

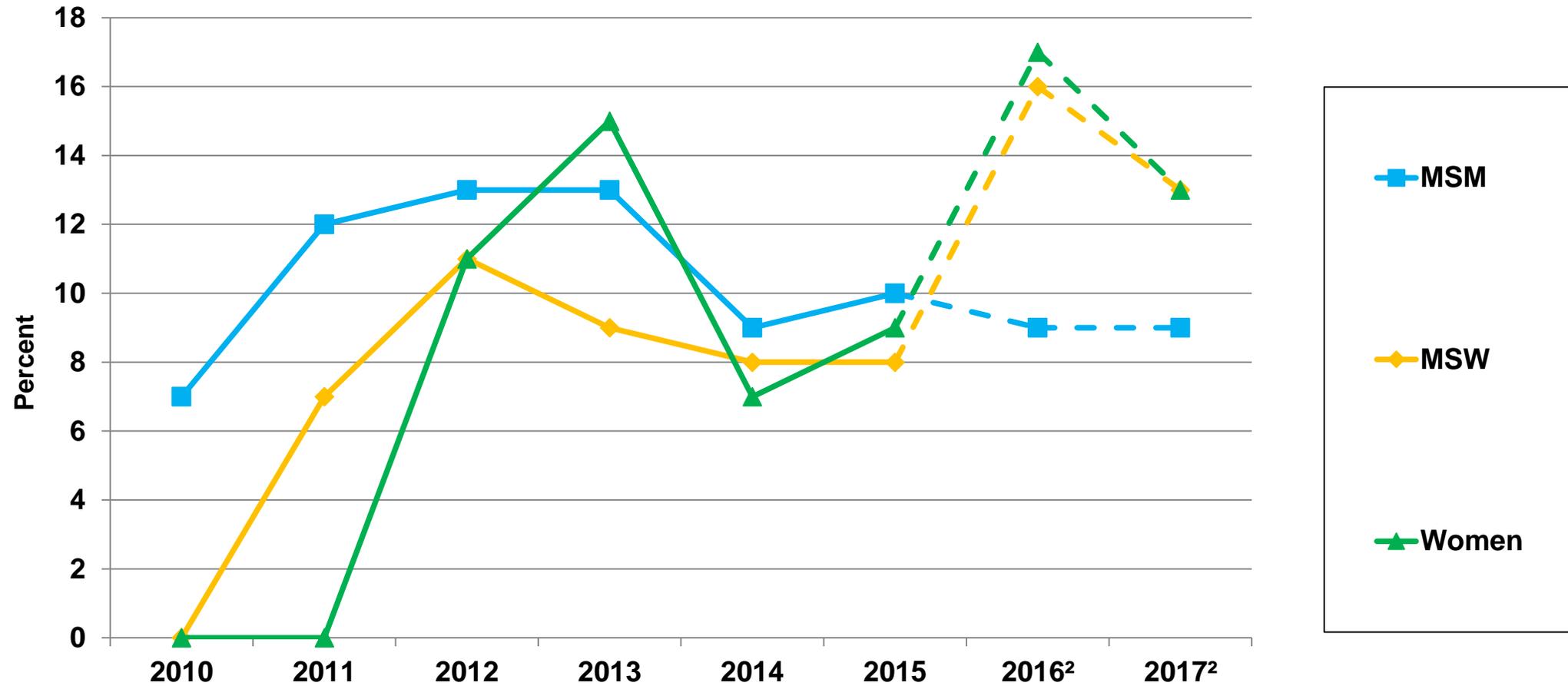
- 60% of women received late (20%) or no prenatal care (40%)
- For those with early prenatal care, inconsistent care later resulted in low 3rd trimester screening
- Almost 50% of the cases were identified by syphilis screening at delivery
 - Of these, often women are discharged prior to their syphilis test results returning
- High mortality rate (up to 9%)
 - Two stillbirths and two neonatal deaths
- Two women in 2018 diagnosed with both HIV+ and syphilis during pregnancy
 - One infant perinatally infected with HIV



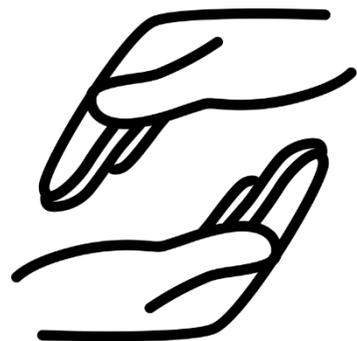
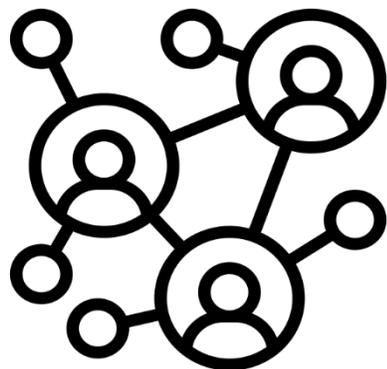
Key Findings of Case Reviews

- Most cases occur primarily among Latina (60%) and African American (25%) women
- >2/3rds report active SUD during pregnancy, with methamphetamine use most common
- History of arrest or incarceration (up to 25%)
- Experiencing unstable housing or homelessness (10-20%)
- 35-70% of infants placed into the custody of child protective services after birth, most often due to maternal substance use

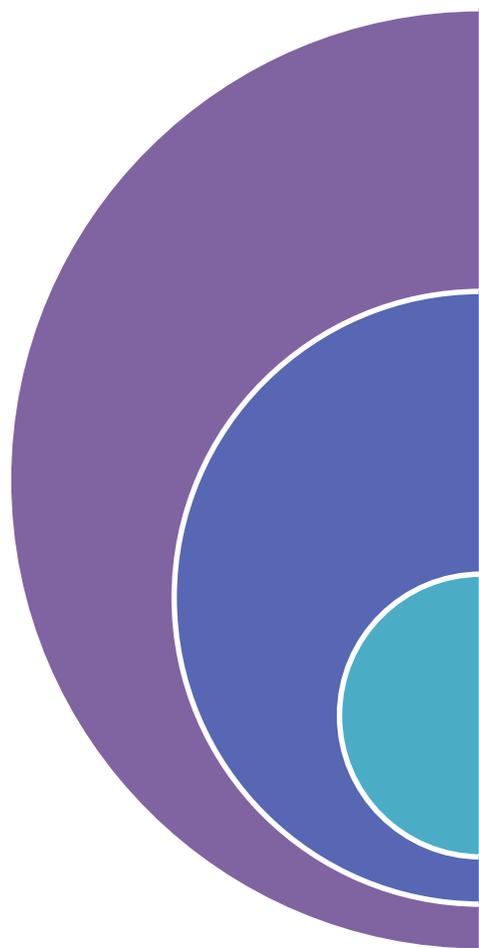
% Methamphetamine Use among P&S Syphilis Cases by MSM, MSMW and Women, Los Angeles County, 2010-2017¹



1. Primary & Secondary Syphilis cases with data on substance use in past 12 months. Excludes injection drug users. Data as of September 9, 2018.
2. 2016-2017 data are provisional due to reporting delay.



LAC Congenital Syphilis Elimination Goals and Strategies

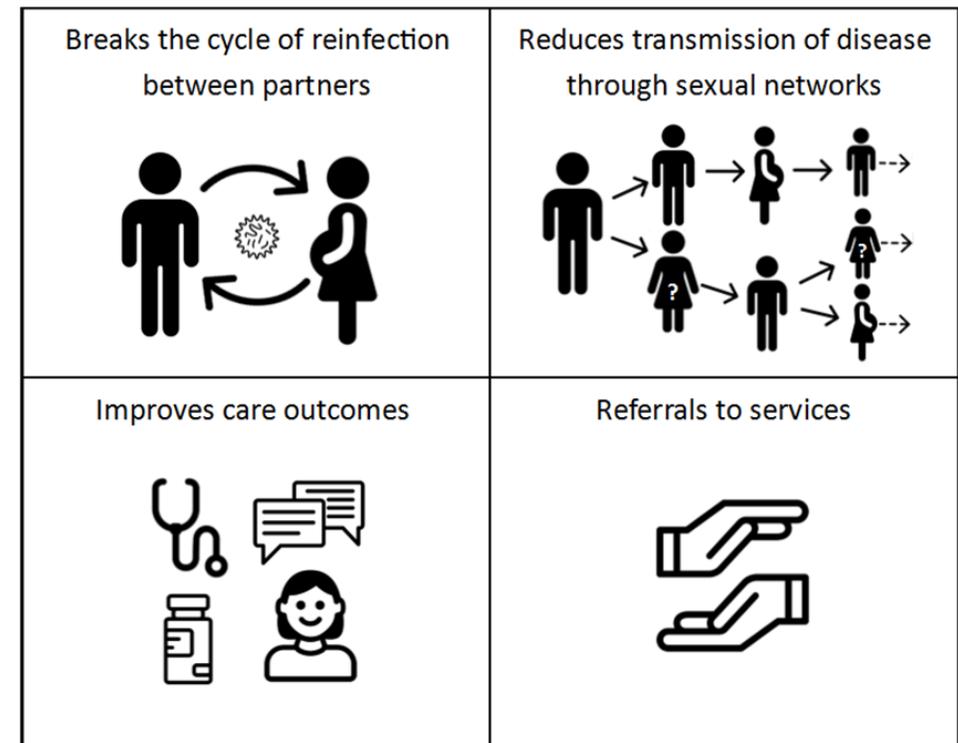


<p>All persons at highest risk of syphilis aware of risk and offered education and testing.</p>	<ul style="list-style-type: none">• Awareness of rising rates of syphilis among women and community• Syphilis education, testing, and referrals in non-clinical settings
<p>All pregnant women and women of reproductive age screened and treated for syphilis.</p>	<ul style="list-style-type: none">• Community medical providers to screen and treat• Accessible, welcoming clinical services for women with co-morbidities
<p>All syphilis cases identified and investigated in timely manner to disrupt disease transmission.</p>	<ul style="list-style-type: none">• High quality surveillance to identify cases and monitor trends• Effective syphilis partner services activities for women and men

Goal 1: All syphilis cases identified and investigated in timely manner to disrupt disease transmission.

- High quality surveillance activities to identify cases and monitor trends
- Effective syphilis partner services activities for women and men

How does Partner Services prevent Congenital Syphilis?

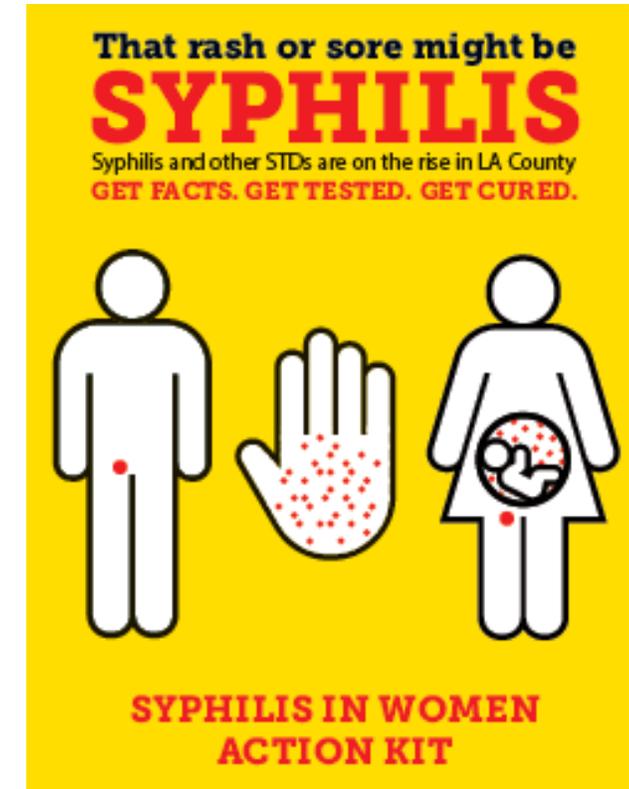


Goal 2: All pregnant women and women of reproductive age will be appropriately screened and treated for syphilis in LAC.

- Community medical providers servicing this population to screen and treat
 - Increase collaboration with key medical provider groups
 - OB, birthing hospitals, Title X, primary care, ED providers
 - Public health detailing



- 4 public health detailers conducted a brief syphilis tutorial and assessment at initial visit
- Follow-up sessions conducted with medical providers during an 8-week period
- Medicaid OB and providers in LAC who had diagnosed ≥ 1 a case of syphilis in a woman in 2017 (n=432)
- Key messages
 1. Screen all women of reproductive age
 2. Screen all pregnant women for syphilis during the first trimester or at their initial prenatal visit.
 3. Re-screen pregnant women for syphilis early in the third trimester (28-32 weeks) and at delivery.



Taking a sexual history, syphilis screening, staging and treatment

Traditional Syphilis
SCREENING

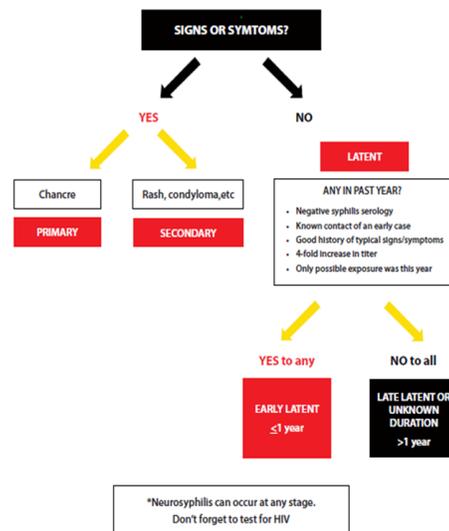
Traditional Syphilis
Screening A

RPR+ (Reactive)¹

TP-PA
(or other treponemal test)

TP-PA+ (Reactive)
Syphilis
(New or Old Infection)¹

Syphilis STAGING



Courtesy of CDPH, STD Control Branch, October 2017

Post in
your
workspace

Take a sexual history of all patients: **GETTING THE CONVERSATION STARTED**

Some patients may not be comfortable talking about their sexual practices. It is critical to put them at ease by informing them that this is a routine conversation you have with all patients as part of their medical exam and anything they say will remain confidential.

WHO?

- Number of partners in the past year
- Gender
- Steady and/or casual partners
- Partner's risk factors (multiple sex partners, incarcerated, HIV +)

HOW?

- Types of sex (vaginal, oral, anal)
- Sex while under the influence of drugs and alcohol

WHAT?

- Methods to protect yourself from STDs/HIV
- Methods to prevent pregnancy
- Previous history of STDs

TIPS FOR HAVING CONVERSATIONS ABOUT SEXUAL HISTORY:

- Emphasize this is routine for all patients
- Ensure confidentiality
- Be non-judgmental (verbal and non-verbal)
- Make it conversational (ask open-ended questions)

Syphilis Treatment RECOMMENDATIONS

	STAGE OF SYPHILIS	RECOMMENDED REGIMENS	DOSE/ROUTE
Early Syphilis	Primary, Secondary, and Early Latent	Benzathine penicillin G	2.4 million units IM in a single dose
	Less than 12 months		
Late Syphilis	Late latent or unknown duration	Benzathine penicillin G	7.2 million units IM administered as 3 doses of 2.4 million units IM each, at 1-week intervals
	Greater than 12 months		

¹For Neurosyphilis and Ocular Syphilis see CA STD Treatment Guidelines

Additional Treatment Information

- On the day of treatment, order an RPR test for a 'day of treatment titer.' This will serve as a benchmark to determine whether patient has adequate treatment response.
- Longer treatment duration is required for persons with syphilis of unknown duration or late latent syphilis (infected greater than 12 months) to ensure adequate treatment.
- Intramuscular Benzathine penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin.
- Pregnant women diagnosed with late syphilis (3 doses) must be treated exactly 7 days apart. Pregnant women who miss any doses must repeat full course of therapy.
- If patient is not pregnant and allergic to penicillin, consider alternative regimens; see CA STD Treatment Guidelines.

Treating Partners

- Persons who are a known sexual contact of a partner diagnosed with early syphilis should be treated presumptively for early syphilis, even if serologic test results are negative.
- If you are unable to locate or treat partner(s), please call the Los Angeles County Department of Public Health Partner Services Line 213-639-6231 for assistance.

Assistance

For help interpreting test results and guidance on appropriate staging and treatment, call the Clinical Guidance and Nursing Unit (213) 368-7441 at the Los Angeles County Department of Public Health.

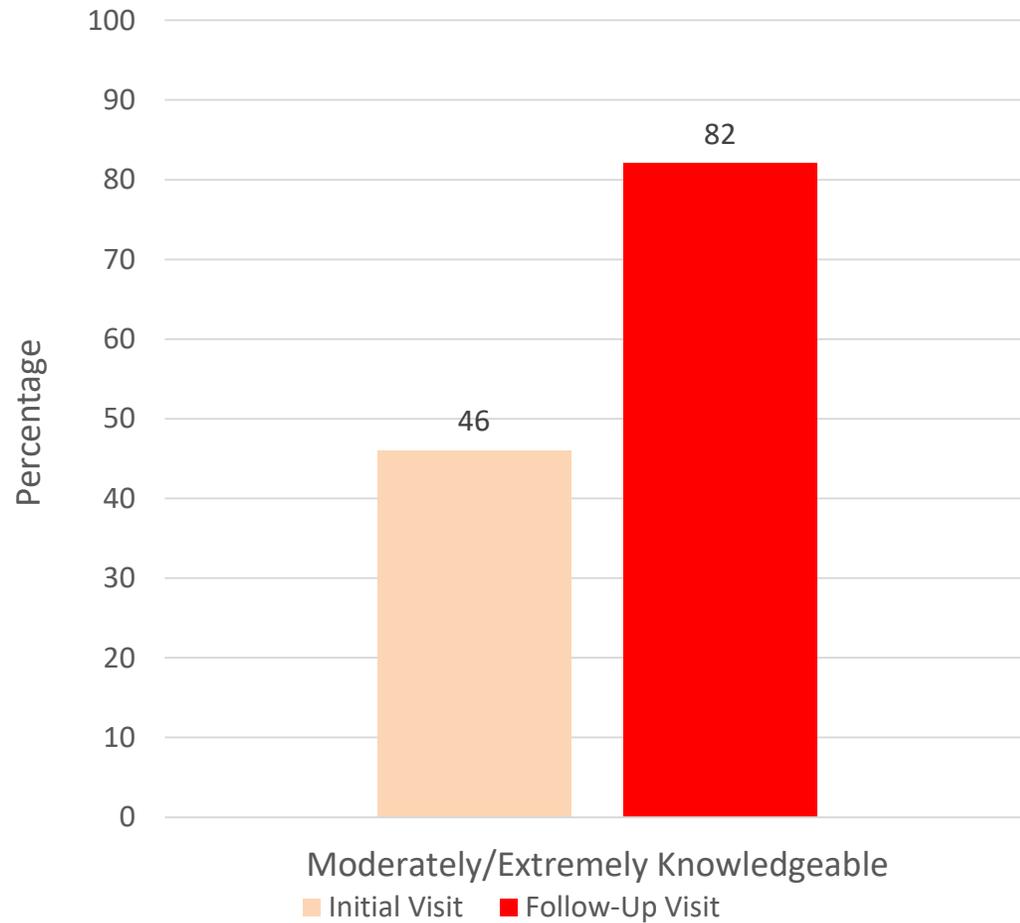
All cases of syphilis must be reported to the Department of Public Health within one working day. (California Health and Safety Code 120015.130715) <http://publichealth.lacounty.gov/dhsp/ReportCase.htm>

Reverse Sequence Syphilis
SCREENING

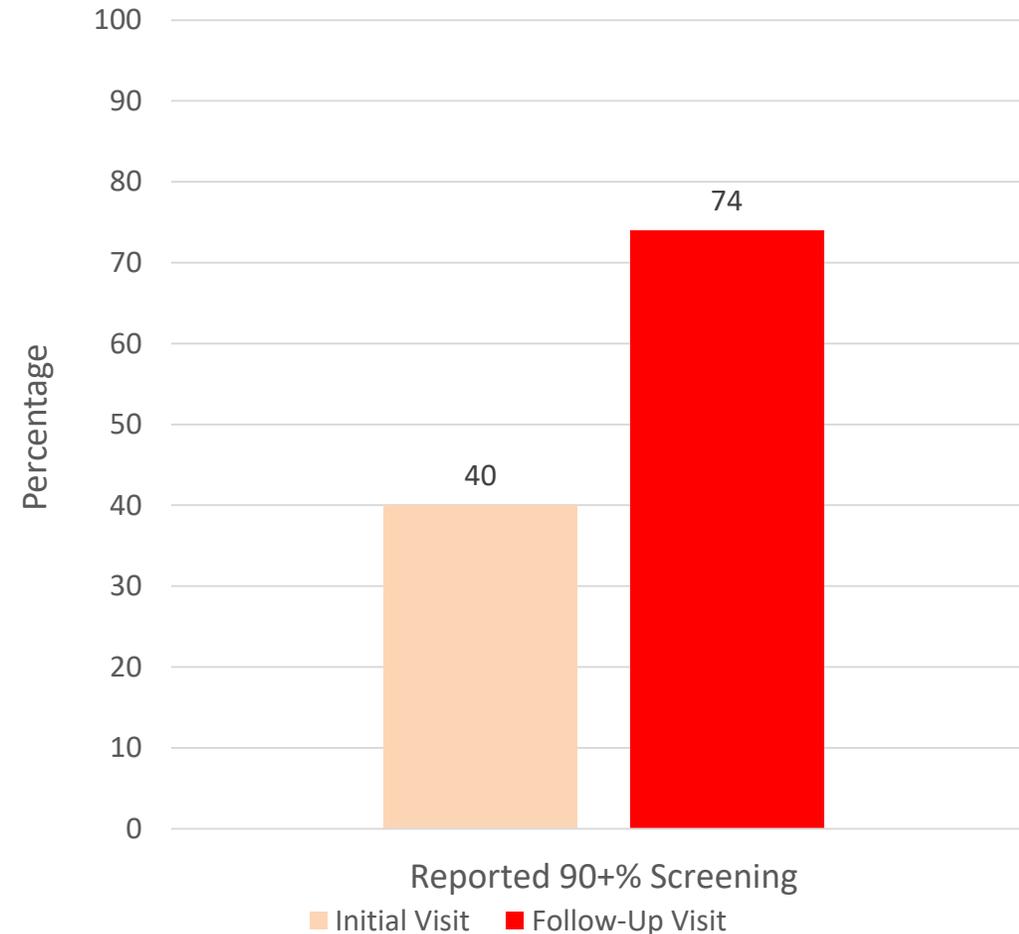
Serologic



Provider Reported Knowledge of LAC Syphilis Trends* (n=363)



Provider Reported Use of Third Trimester Screening*(n=220)- OB/perinatal providers



* In the first round of detailing, 432 providers contacted initially, 363 completed follow-up visit and assessment; 220 were OB/perinatal providers who were asked about 3rd trimester screen

Goal 2: All pregnant women and women of reproductive age will be appropriately screened and treated for syphilis in LAC.

- Accessible and welcoming clinical services for women with co-morbidities
 - Explore new models of care for clinical services
 - More flexible perinatal case management
 - Consider roving OB team model
 - Express STD clinics to increase # patients seen and treated for syphilis

Homelessness and pregnancy intentions, San Francisco

	N=32
Age (mean)	31 years
Homeless >1 year	78%
Unsheltered	69%
Desire pregnancy in the next year*	(n=30)
Yes	30%
Don't know	17%
How would you feel if you found out you were pregnant today?	
Somewhat or very happy	63%
Unsure	14%
Somewhat or very unhappy	27%
* Two women were pregnant at the time of interview	

Seidman, Newmann, unpublished data 2018.

Homelessness and contraception, San Francisco

	N=30
Pregnancy prevention at last intercourse	
Nothing	47%
Withdrawal	25%
Condoms	14%
Anal or oral sex instead of vaginal	3%
Using a clinician-prescribed contraceptive method	14%

Goal 3: All persons at highest risk of syphilis will be aware of the risk and be offered education and testing in non-clinical settings.

- Awareness of rising rates of syphilis to women and their community
 - Social marketing, reports, website, outreach
 - Expand partnerships



Goal 3: All persons at highest risk of syphilis will be aware of the risk and be offered education and testing in non-clinical settings.

- Increase syphilis education, testing, and referrals in non-clinical settings and field
 - Correctional health – women’s jail rapid screening program
 - Substance use disorder treatment providers and syringe exchange providers



Goal 3: All persons at highest risk of syphilis will be aware of the risk and be offered education and testing in non-clinical settings.

- Enhance field outreach capacity targeted to persons experiencing homelessness
 - Partner with existing homeless medical services
 - Public Health outreach
 - Syringe exchange, wound care, vaccines, and HIV/STD testing





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